URITY ELEVATION CERTIFICATE

No. UU/Z___Y. |___

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008 Expires March 31, 2012
Expires March 31, 2012

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:
A1. Building Owner's Name Douglass Gardner	Rolicy, Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7749 Quaker Neck Road	Company NAIG Number
Cily Bozman State MD ZIP Code 21612	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map 31 Grid 17 Parcel 358	V8.655
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non Residential A5. Latitude/Longitude: Lat. 38d 45m 56s Long. 76d 15 30 Horizontal Datum: A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1	⊠ NAD 1927 ☐ NAD 1983
A8. For a building with a crawfspace or enclosure(s): a) Square footage of crawfspace or enclosure(s) b) No. of permanent flood openings in the crawfspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings? A9. For a building with an attach a) Square footage of attach b) No. of permanent flood opening of attach within 1.0 foot above adjacent grade or b) No. of permanent flood opening the footage of attach or within 1.0 foot above adjacent grade or within 1.0 foot above adjacent grade or adjacent grade or within 1.0 foot above adjacent grade or	ned garage sq ft ppenings in the attached garage sacent grade penings in A9.b sq in
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
240066 Talbol County M	3. State faryland
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood C030 A Date Effective/Revised Date Zone(s) n/a A5	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 7
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date CBRS	☐ Yes ⊠ No
C1. Building elevations are based on: Construction Drawings* Building Under Construction* *A new Elevation Certificate will be required when construction of the building is comptete. C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized	☑ Finished Construction AR/AO. Complete Items C2.a-h
Check the measureme	nt used.
b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (linished) grade next to building (LAG) g) Highest adjacent (linished) grade next to building (HAG) g) Eq. (2.10 Meet meters (Puerto I) g) Highest adjacent (linished) grade next to building (HAG) g) Feet meters (Puerto I) g) Highest adjacent (linished) grade next to building (HAG)	iters (Puerto Rico anly) iters (Puerto Rico anly) iters (Puerto Rico anly) Rico anly) Rico anly)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including	ters (Puerto Rica only)
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Certifier's Name Thomas D. Lane	FR SION SION SION SION SION SION SION SION
Title President Company Name Lane Engineering, LLC	
Address P O Box 1787 City Easton State MD ZIP Code 21601 Signature Date 09/09/2010 Telephone 410 822 8003	- 100 340 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
EMA Form 81-31. Mar 09 See reverse side for continuation.	Replaces all previous editions

Och. 2. TAIA	Lane Engineerin	g		No. 00/2 P. Z
IMPORTANT: In these s	paces, copy the corresponding in	formation from Section A.		For Insurance Company Use:
Building Street Address (Inch 7749 Quaker Neck Road	uding Apt., Unit, Suite, and/or Bidg, No.) o	or P.O. Route and Box No.		Polloy Number
City BozmanState MD ZIP	Code 21812			Company NAIC Number
S	ECTION D - SURVEYOR, ENGINEE	R, OR ARCHITECT CERTI	FICATION (CON	rinued)
Copy both sides of this Eleva	tion Certificate for (1) community official,	(2) Insurance agent/company, a	nd (3) building own	фr.
Comments Certificate is for	detached garage			
Signalure		Date		Check here if attachments
SECTION E - BUILDII	NG ELEVATION INFORMATION (SE	JRVEY NOT REQUIRED) FO	OR ZONE AO AN	
eand C. For Items E1-E4, use E1. Provide elevation inform grade (HAG) and the lo a) Top of bottom floor (i b) Top of bottom floor (i e2. For Building Diagrams (elevation C2.b in the d E3. Attached garage (top of E4. Top of platform of mach E5. Zone AO only: if no floo ordinance? ☐ Yes ☐	ninery and/or equipment servicing the built od depth number is available, is the top of No Unknown. The local official m	easurement used. In Puerto Rice propriate boxes to show whether sure) is feet sure) is feet in Section A Items 8 and/or 9 feet meters above or below the feet	the elevation is about I meters at the elevation is about I meters at I meters above the HAG. I meters above the transmitted above the I meters above	s. Dive or below the highest adjacent bove or below the HAG, bove or below the LAG. Instructions), the next higher floor IAG. In the contract of the below the HAG, below the HAG. Dommunity's floodplain management
	ECTION F - PROPERTY OWNER (C			
or Zone AO must sign here.	s authorized representative who complete The statements in Sections A, B, and E ar Authorized Representative's Name	es Sections A, B, and E for Zone o correct to the best of my know	A (without a FEMA ledge.	-issued or community-issued BFE)
Address		City	State	ZIP Code
Signature	· · · · · · · · · · · · · · · · · · ·	Date	Telephone	
Comments				
				☐ Check here if attachments
	SECTION G - COMMI	JNITY INFORMATION (OPT	IONAL)	
he local official who is authorized G of this Elevation Certification	ted by law or ordinance to administer the te. Complete the applicable item(s) and te	community's floodplain manager sign below. Check the measurer	nent ordinance can ment used in Items	complete Sections A, B, C (or E), G8 and G9.
	ction C was taken from other documentat certify elevation information. (Indicate t			
	completed Section E for a building located		•	sued BFE) or Zone AO.
3. The following informa	tion (Items G4-G9) is provided for commu	nily floodplain management pur	poses,	
G4. Permit Number	G5. Date Permit Issued	G6. Date Ce	rtificate Of Complia	nce/Occupancy Issued
7. This permit has been issue	ed for: New Construction	Substantial Improvement		
•	t floor (including basement) of the building		eters (PR) Datum _	
9. BFE or (in Zone AO) depth	of flooding at the building site:	feet m	atars (PR) Datum _	
10. Community's design flood	elevation	feet [] mo	eters (PR) Datum _	
Local Official's Name		Tille		
Community Name		Telephone		
Signature		Date	· · · · · · · · · · · · · · · · · · ·	
Comments				
	***************************************			Check here if attachments



